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**FAX TRANSMISSION****DATE:** October 1, 2007**PTO IDENTIFIER:** Application Number 09/855,199-Conf. #8175  
Patent Number**Inventor:** Vijay RAGHAVAN et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

EuiHoon Lee

**PHONE:** (617) 994-0881**Attorney Dkt. #:** MWS-070RCE2**PAGES (Including Cover Sheet):** 30**CONTENTS:**

1. Certificate of Transmission (1 page)
2. Request for Continued Examination Transmittal (1 page)
3. Fee Transmittal (1 page, in duplicate)
4. Amendment After Final Action Under 37 C.F.R. 1.116 (24 pages)
5. Request for Change of Attorney Docket Number (1 page)

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PTO/SB/87 (09-04)

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Application No. (if known): 09/855,199

Attorney Docket No.: MWS-070RCE2

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on October 1, 2007  
Date



Signature

EulHoon Lee

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L0248

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1. Certificate of Transmission (1 page)
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PTO/SB/17 (08-07)

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Effective on 12/08/2006. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete If Known</b> Application Number 09/855,199-Conf. #8175 Filing Date May 14, 2001 First Named Inventor Vijay RAGHAVAN Examiner Name S. A. Ahlja Art Unit 2128 Attorney Docket No. MWS-070RCE2	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 790.00			

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Small Entity
							Fee (\$)
<b>2. EXCESS CLAIM FEES</b>							Fee (\$)
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims Extra Claims Fee (\$)							Fee Paid (\$)
72 - 77 = x =							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$)							Fee Paid (\$)
13 - 13 = x =							
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
- 100 =		/50 =		(round up to a whole number) x		Fee Paid (\$)	
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 790.00							

<b>SUBMITTED BY</b>			
Signature	<i>EuiHoon Lee</i>	Registration No. (Attorney/Agent)	L0248
Name (Print/Type)	EuiHoon Lee	Telephone	(617) 994-0881
		Date	October 1, 2007

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Dated: October 1, 2007	Signature: <i>EuiHoon Lee</i> (EuiHoon Lee)

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PTO/SB/17 (06-07)

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/855,199-Conf. #8175
		Filing Date	May 14, 2001
		First Named Inventor	Vijay RAGHAVAN
		Examiner Name	S. A. Ahija
		Art Unit	2128
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 790.00		Attorney Docket No.	MWS-070RCE2

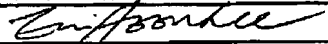
  

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive &amp; Cockfield, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

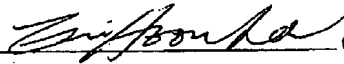
  

<b>FEE CALCULATION</b>								
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>								
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>			
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
<b>2. EXCESS CLAIM FEES</b>								
							<b>Small Entity</b>	
							<b>Fee (\$)</b> <b>Fee (\$)</b>	
Each claim over 20 (including Reissues)							50    25	
Each independent claim over 3 (including Reissues)							200    100	
Multiple dependent claims							360    180	
<b>Total Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>							<b>Multiple Dependent Claims</b>	
72    - 77 = _____ x _____ = _____							<b>Fee (\$)</b> <b>Fee Paid (\$)</b>	
HP = highest number of total claims paid for, if greater than 20.								
<b>Indep. Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>								
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<b>Total Sheets</b> <b>Extra Sheets</b> <b>Number of each additional 50 or fraction thereof</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>								
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____								
<b>4. OTHER FEE(S)</b>								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...    790.00								

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	L0248
Name (Print/Type)	EuiHoon Lee	Telephone	(617) 994-0881
		Date	October 1, 2007

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Dated: October 1, 2007	Signature:  (EuiHoon Lee)

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Dated: October 1, 2007

Signature: 

(EuiHoon Lee)

Docket No.: MWS-070RCE2  
(PATENT)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Vijay Raghavan *et al.*

Application No.: 09/855,199

Confirmation No.: 8175

Filed: May 14, 2001

Art Unit: 2128

For: GRAPHICAL FUNCTIONS

Examiner: S. A. Alhija

**REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER**

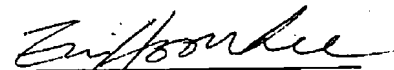
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Commissioner for Patents  
Post Office Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

The Attorney Docket Number of the above-identified patent application has changed.  
Please take notice that the Attorney Docket Number for this application should now be as follows:

**MWS-070RCE2**Please reference **MWS-070RCE2** on all future correspondence.Dated: October 1, 2007

Respectfully submitted,

By   
EuiHoon Lee  
Registration No. L0248  
LAHIVE & COCKFIELD, LLP  
One Post Office Square  
Boston, Massachusetts 02109-2127  
(617) 227-7400  
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Attorney for Applicant